



Guyana Gold Board



Pursuant to its mandate as Supervisory Authority for Licensed Gold Dealers under the Anti-Money Laundering and Countering the Financing of Terrorism Act of 2009, it is the policy of the Guyana Gold Board to collect and maintain up-to-date records which sufficiently identify and verify the identities of all Licensed Gold Dealers and their international trading partners, as part of our stipulated compliance requirements.

Should there be any changes to the information provided below, such changes must be communicated to the Guyana Gold Board **IMMEDIATELY**.

GENERAL INSTRUCTIONS

IMPORTANT: READ CAREFULLY BEFORE COMPLETING THIS FORM.

1. This application form must be completed in **BLOCK LETTERS OR BE TYPE-WRITTEN**.
2. **ALL** questions contained herein must be answered. However, where a question does not apply, please do not leave the space blank, instead indicate "not applicable" or N/A.
3. The form **MUST** be completed in full. Please ensure that the relevant declaration is signed before submission.
4. Where there is insufficient space to provide a response, please provide and attach hereto the information on additional paper(s) and ensure each sheet clearly illustrates the name of the applicant and refers to the appropriate question.

5. All accompanying documents must be notarized by a Notary Public in which the International Purchaser resides. **Failure to do so may result in the form being returned to the Licensed Gold Dealer.**
6. Dealers are also required to disclosure of any other information or documentation they believe will be of interest to the Guyana Gold Board or may be relevant to their application.

GUYANA GOLD BOARD – INTERNATIONAL PURCHASER'S PROFILE

1. Name of Entity:			
2. Legal Form:	<input type="checkbox"/> Company <input type="checkbox"/> Registered Business		
3. Principal/Trading/Registered Address:			
4. Mailing Address (If different from above:			
5. Name of Contact Person:			
6. Telephone Number(s):			
7. Email Address:			
8. Brief Description of the Nature of Business (including products and services offered):	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
9. Business Registration/ Company Incorporation Number:			
10: Principal(s) Information:			
Director # 1:			
Name:			

Address:			
Sex:	() M	() F	D.O.B (DD/MM/YYYY)
Nationality:		Passport Number:	
Telephone Number:		Email Address:	

Director # 2:

Name:			
Address:			
Sex:	() M	() F	D.O.B (DD/MM/YYYY)
Nationality:		Passport Number:	
Telephone Number:		Email Address:	

Director # 3:

Name:			
Address:			
Sex:	() M	() F	D.O.B (DD/MM/YYYY)
Nationality:		Passport Number:	
Telephone Number:		Email Address:	

Director # 4:

Name:			
Address:			
Sex:	() M	() F	D.O.B (DD/MM/YYYY):

Nationality:		Passport Number:	
Telephone Number:		Email Address:	

10. Please provide information for all shareholders with more than 25% shares in the Company/Business.

Shareholder #1:

Name:			
Address:			
Sex:	() M () F	D.O.B (DD/MM/YYYY):	
Nationality:		Passport Number:	
Telephone Number:		Email Address:	
Percentages of Shares Owned:			

Shareholder #2:

Name:			
Address:			
Sex:	() M () F	D.O.B (DD/MM/YYYY):	
Nationality:		Passport Number:	
Telephone Number:		Email Address:	
Percentages of Shares Owned:			

Shareholder #3:			
Name:			
Address:			
Sex:	(<input type="checkbox"/>) M	(<input type="checkbox"/>) F	D.O.B (DD/MM/YYYY):
Nationality:		Passport Number:	
Telephone Number:		Email Address:	
Percentages of Shares Owned:			

11. Please provide a copy of National Identification/Passport for all Directors and Majority Shareholders.

12. Please provide the following Company/Business Documents:

- a)** A notarized copy of the entity's Certificate of Incorporation/Business Registration.
- b)** Articles of Incorporation.
- c)** Share Register.
- d)** Certificate of Good Standing.

13. Please provide a copy of the organization's Anti-Money Laundering and Countering the Financing of Terrorism (AML/CFT) Policy and Procedures Manual/Programme.